

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

**10/030128**

FILING DATE

APPLICANT(S)

C

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT								
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1							51						
2							52						
3							53						
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							97						
							98						
							99						
							100						
TOTAL IND.	2						TOTAL IND.						
TOTAL DEP.	28						TOTAL DEP.						
TOTAL CLAIMS	30						TOTAL CLAIMS						